

KANSAS

D. KEITH MEYERS, DIRECTOR

DEPARTMENT OF ADMINISTRATION DIVISION OF FACILITIES MANAGEMENT

KATHLEEN SEBELIUS, GOVERNOR DUANE A. GOOSSEN, SECRETARY CAROL L. FOREMAN, DEPUTY SECRETARY

Certificate of Occupancy

is n	nereby issued a	as of this date	for					
Agency:								
Agency/Building number:								
Name of building/location:								
Agency Point of Contact:								
Address:								
Description of construction and	square	(i.e. new const	ruction/renovation/addition)					
Description of Occupancy:		(Building/addition)						
liste	ed for the occupa	ancy and the use fo	n inspected for compliance with the project is classified.	ne codes				
Codes:	(list codes)							
Occupancy/use			Type of Construction:					
Automatic sprinkler required	YES	□NO	Automatic Sprinkler Provided	☐ YES	□NO			
Fire Alarm system required	YES	□NO	Fire Alarm system provided	☐ YES	□NO			
Any special stipulations/condition								
Code Compliance Coord	inator							

This certificate of occupancy may be suspended or revoked wherever the certificate is issued in error, or on the basis of incorrect information supplied, or where it is determined that the building or structure or portion thereof is in violation of any ordinance or regulation or any of the provisions of the code listed. The suspension or revocation shall be in writing by the Department of Administration

Agency-B No.:	Building		Agency and Facility Name:					
Descripti	ion			Submitted/		re of KSFM / DFM		Date
			Inspe	cted	Represe	entative(items not app	licable noted as NA)	Accepted
1. Co	ode Foot	print						
	re Alarm nop Draw							
		Sprinkler op Drawings						
ins	re Alarm stalled ar er NFPA.	nd tested						
sy		sprinkler talled and NFPA.						
	mergency sted.	y Lights						
(ge		ower , invertor, c) tested.	>					
	re Pump FPA.	tested per						
	andpipes	s tested per						
pu	ublic way	verified to . (Includes exit n and testing.)						
11. El	evator te	sted.						